

BOROUGH OF TODMORDEN
EDUCATION COMMITTEE. -



ANNUAL REPORT

OF THE
SCHOOL MEDICAL OFFICER

ON THE

Medical Inspection of
School Children

For the Year ended Decr. 31st, 1912,

BY

DR. J. LAWSON RUSSELL,

M.B., AND C.M.

MARCH, 1913.

Todmorden Education Committee.

School Medical Officer's Report.

Area of Borough	...	12,770 acres.
Population (1911 Census)	...	25,455.
No. of School Buildings	...	15
No. of Departments	...	29
No. of " School Places "	...	5,157

The New School at Castle Hill will shortly be opened, bringing about an increase of "School Places" to the extent of 139.

The School Attendance & Medical Inspection Sub-Committees have been merged into one body, with the following membership :—

Councillor E. Crabtree, Chairman, His Worship the Mayor,
Councillors H. Barker, A. Brook, W. Greenwood, J. Holt,
H. Holgate, J. Sutcliffe, S. Stephenson, N. Starkie,
W. Wadsworth, Geo. Windsor, Esq.

JAMES WHITEHEAD, Clerk.



TO THE CHAIRMAN AND GENTLEMEN OF THE
BOROUGH OF TODMORDEN EDUCATION
COMMITTEE.

Sirs,

I have the honour of again giving a detailed account of my work as your School Medical Officer, this time for the year which closed on December 31st, 1912. In doing so I wish to begin by referring to the change brought about by the combination of the School Attendance Sub-Committee with the Medical Inspection Sub-Committee. This has resulted in the evolution of a joint body taking upon itself some of the work usually undertaken by a Children's Care Committee, in the following ways :—

- 1 The work of "Following up" cases recommended by the School Medical Officer to obtain treatment or to submit to operation, has been gone into.
- 2 Parents, who for some reason, have unduly delayed obtaining treatment, or have neglected to procure spectacles for their children when these have been advised, or have unthinkingly denied their children the benefit of some slight but advantageous operation, have been asked to meet the Committee and have usually been reasoned into compliance with the wishes of the Committee and the directions of the School Medical Officer.
- 3 In cases of neglect, or of dirty or verminous children, the parents have been called before this Committee and "dealt with."
- 4 Cases of Malnutrition and underfeeding have been carefully enquired into, and the necessary arrangements for the "provision of meals" carried out.
- 5 Cases of Feeble-minded or of Epileptic children have been specially reported on and dealt with.
- 6 Cases pointed out by the School Medical Officer as having any physical defect or any Cardiac weakness have been enquired into, and any necessary modification of drill or physical exercises arranged accordingly.

The good arising out of the foregoing cannot be doubted ; but I may perhaps be allowed to point out that it would be still further increased if the work were done by a more elastic,

more voluntary body, a proper Care Committee with one or two ladies on its constitution. A Committee of the Corporation is somewhat too "official" to give the advice and use the moral suasion required in many of the above cases, and the calling of certain classes of parents before such a Committee side by side with serious defaulters to receive such advice, inclines too much towards the idea of a tribunal, and may seem suggestive of wrong-doing where there is none. We stand very much in need of a School Nurse who could work under such a Care Committee as above suggested, and, under the direction of the School Medical Officer, could carry the "following up" of numerous cases into the homes of the children, and become a veritable health missionary to the parents. I therefore very strongly recommend the appointment of a School Nurse, and now that we have a Nursing Institution in Todmorden, I further strongly recommend that a voluntary Children's Care Committee be formed in connection with the Committee of that Institution. Two Nurses are already employed by the Borough Nursing Institution, and if a third nurse were employed jointly by the Local Education Authority and the Borough Nursing Institution, a large proportion of the salary of that third nurse could be recovered in the form of Government Grant under the Medical Treatment Grant Regulations. In a recent report on our School Medical Inspection at Todmorden by Dr. Eichholz, of the Board of Education, this is made a strong point of, and to further emphasize the matter I give that report, embodied in the letter of Sir George Newman, below :

Board of Education,

Whitehall, London, S.W.,

13th December, 1912.

Sir,

1. I am directed to state that the Board have received from Dr. Eichholz, one of their Medical Officers, a report on his visit to Todmorden to enquire into the working of the arrangements for medical inspection in the area, from which it appears that the work of inspection is satisfactorily carried out.

2. I am, however, to call the attention of the Authority to the value of the services which can be rendered by a School Nurse, whether employed by the Authority or by a local Nursing Association working in conjunction with the Authority in following up cases in which defects are discovered at the routine inspection, or in which children are found to be

suffering from ringworm or verminous conditions. The Authority will be aware from paragraph 4 of Circular 792 that the Board are prepared to take into account work of this kind for the purpose of the assessment of Grant under their Medical Treatment Grant Regulations.

3. The Board are of opinion that before children who have suffered from infectious or contagious diseases, including ringworm, are re-admitted to School, the School Medical Officer should take such steps as may be necessary to satisfy himself that they can attend School without risk to themselves or others.

4. The Board understand that the further examination of cases of defective eyesight discovered at the routine medical inspection is at present carried out by the School Medical Officer at his private surgery. This arrangement is not one which the Board can regard as satisfactory, and I am to suggest that the Authority should consider the question of placing at the disposal of the School Medical Officer a room in a building under their own control at which special examinations of all kinds could be conducted.

5. The Board will be glad to be informed in due course what action it is proposed to take in regard to the above-mentioned matters.

I am, Sir,

Your obedient servant,

George Newman.

If we are to be progressive in our Medical Inspection of School Children, and surely that is our aim, the recommendations of the above report must be carried out, and in attempting to do so, anything we do should be done with an eye to the future. I say this specially with regard to paragraph (4) of Sir George Newman's letter.

If a room is to be provided for the School Medical Officer let it be such a room, or rather set of rooms, as will best serve the purposes named. A building, or part of one, in a central position, as free from noise as possible, where "special examination of all kinds could be conducted," and where by-and-bye treatment in certain conditions could be undertaken; suitably equipped and comprising the following departments, is what we should aim at :—

I A General Waiting room for parents and children.

- II Smaller waiting room for children suffering from infectious conditions, e.g., Ringworm, etc.
- III Room for Sight testing, part of which should be capable of being darkened.
- IV Small room for School Medical Officer, suitable for clerical work, consultations, and Microscopic work.
- V Cleansing room, in which by-and-bye the School Nurse could apply treatment in certain cases, e.g., discharging ears.
- VI Small room for examination of ringworm cases, and perhaps its treatment.

To the above might be added a disinfecting department, equipped with large steam disinfecting apparatus, which would be of great service, not only to the Education Committee but also to the Health Committee and Sanitary Authority. Permit me here to repeat that we as an Education Authority are not able to carry out the requirements of that most beneficent Act of Parliament, the Children Act, 1908, for want of "suitable premises" and "suitable appliances," and I say we are failing in our duty to the children so long as we delay the provision of these much required premises. To make this clear let me quote from the Act referred to ; Sch. 67, part vi, section 122 :—

1. A Local Education Authority may direct their Medical Officer, or any person provided with and, if required, exhibiting the authority in writing of their Medical Officer, to examine in any public elementary school provided or maintained by the authority, the person and clothing of any child attending the school, and, if on examination the Medical Officer, or any such authorised person as aforesaid, is of opinion that the person or clothing of any such child is infected with vermin or is in a foul or filthy condition, the Local Education Authority may give notice in writing to the parent or guardian of, or other person liable to maintain the child, requiring him to cleanse properly the person and clothing of the child within twenty-four hours after the receipt of the notice.
2. If the person to whom any such notice as aforesaid is given fails to comply therewith within such twenty-four hours, the Medical Officer, or some person

provided with and, if required, exhibiting the authority in writing of the Medical Officer, may remove the child referred to in the notice from any such school, and may cause the person and clothing of the child to be properly cleansed in suitable premises and with suitable appliances, and may, if necessary for that purpose, without any warrant other than this section, convey to such premises and there detain the child until the cleansing is effected.

4. Where, after the person or clothing of a child has been cleansed by a Local Education Authority under this section, the parent or guardian of, or other person liable to maintain the child, allows him to get into such a condition that it is again necessary to proceed under this section, the parent, guardian, or other person shall, on summary conviction, be liable to a fine not exceeding ten shillings.

To recapitulate—we want, and should not be any longer without :—

- I A cleansing station and other premises adapted to School Medical Inspection work.
- II A School Nurse.
- III A Children's Care Committee on a voluntary basis.
- IV X Ray apparatus for the treatment of Ringworm.

Apart from the good a School Nurse could do it can be proved that her employment would be a distinct economy and an educational gain. At present a considerable amount of the teachers' time is taken up in weighing and measuring the children, and in helping the School Medical Officer with the little ones hooks and buttons at routine inspections. These things would be done by the Nurse, and the time of the teaching staff saved for more proper teachers' work. She would moreover exercise an excellent personal influence with the parents, giving them all sorts of hints on the hygiene of the home, on feeding, on clothing, and many other points all of which would tend to better health and therefore better school attendance.

Then it would be an easy matter for the School Medical Officer (or other Medical men appointed in rotation), with the help of the School Nurse, to give, say two hours twice a week to treatment of certain specified conditions, in the previously described premises, and the cost of such treatment would be largely recoverable under the " Medical Treatment

Grant Regulations," mentioned in the above letter. Indeed, the same might be said of a large proportion of the salary of the School Medical Officer, seeing that he is devoting a large part of his time to school work in excess of and outside the ordinary compulsory routine requirements and duties laid down as the minimum expected under School Medical Inspection by the Board of Education.

CONTROL OF INFECTIOUS AND CONTAGIOUS CONDITIONS.

Referring to part 3 of Sir George Newman's letter let me state that the control of infectious and contagious conditions occurring in school children should be left in the hands of the School Medical Officer and the Medical Officer of Health, working in the closest possible combination, and anything which tends to lessen that joint control or which tends to interfere with the responsibility which must rest with the School Medical Officer of re-admission of children after they have suffered from infectious or contagious conditions, should be carefully avoided. Therefore I wish to place on record my disapproval of certain changes which have been made in respect of such re-admissions. I consider the step of taking the responsibility for re-admission out of the hands of the School Medical Officer, a decidedly retrograde one, and one which is certain to lead to an unsatisfactory condition in this department of School Medical work. Moreover, no alteration in our proceedings, or in the forms relating to and regulating the same, should be made or contemplated without reference to the Board of Education.

DETAILS OF MEDICAL INSPECTION.

During the twelve months I have made 183 visits to schools and departments, exclusive of visits for routine inspection, and these visits have served as formerly the following purposes :—

- 1 Inspection of Offices and Sanitary arrangements.
- 2 Inspection of buildings and playgrounds.
- 3 Ventilation, lighting, heating, and equipment of the schools.
- 4 Visits with reference to infectious diseases.
 - a* Examining suspects during epidemics.
 - b* Examining suspicious absentees.

- c* Re-admission of excluded cases.
 - d* Class inspections for "missed cases."
 - e* Warning and instructing teachers as to infectious conditions prevalent at the time.
- 5 Special search for Impetigo, Scabies, Ringworm, and Body lice, etc.
 - 6 Following up cases recommended to obtain treatment.

In all these things I have been ably helped by the ladies and gentlemen of the teaching staff, who almost without exception take a keen personal interest in the work, ably backing up my efforts, giving an amount of help, and supplying information without which my work would be largely thrown away.

SCHOOL PREMISES AND SCHOOL EQUIPMENT.

I have to report a great improvement in the school playgrounds, extensive re-laying having been carried out in the following schools :—Roomfield, Cornholme, Vale, Todmorden National.

Different systems have been used, and from personal observations as well as from statements by caretakers and teachers alike, I can say that the cement basis is much dustier and dirtier than the tar basis, and in wet weather a deposit of a limy character is carried into the schools from the former, which of course becomes a grey dust on drying.

The tub closets at Todmorden National School are now being replaced by closets on the water carriage system.

There have been complaints made of the condition of the closets at several of the schools, and matters have been improved, but measures should be adopted to prevent the use of these offices by outsiders. The help of the police might be called in to prevent such trespass.

Sulphur fumes getting into the class rooms at Walsden Council School, especially into Classroom D, from the heating apparatus, have caused much inconvenience, the children having had to be sent out at times. Cementing of the heating chamber under the school, and mending of the flue of the heating stove should be carried out.

Parts of Lanebottom School playground are under pools of stagnant water, which should be drained off.

Low temperature readings have been too frequent at Cornholme Council School (Room A), and at Harley Wood C. E. School, 44 degrees and 45 degrees being found on certain dates in January and February ; too cold for comfort.

Additional new desks are required at Robinwood School, Infants department, and re-arrangement of the cloak-room would be advisable, as the hooks are too close together, crowding the coats and caps.

ROUTINE MEDICAL INSPECTION.

During the year 1,920 children have been examined, of which total 932 were boys and 988 girls.

Age Groups.	BOYS.	GIRLS.
3 to 4 (entrants)	140	143
5	176	181
7	180	173
10	177	220
12	193	206
Other ages	66	65
	<hr/> 932	<hr/> 988

Total..... 1,920.

The great bulk of the work has been done at afternoon sessions, a limited number of forenoon sessions being necessary to catch the half-time children, who were at work in the afternoons. In all 95 school sessions were occupied by the work, and the average time spent for each child was nearly 7 minutes.

DEFECTS DISCOVERED.

Notifications were sent out to the number of 376 in cases found to be suffering from one or another defect, calling attention to these defects and recommending the parents to take a certain suitable course of action. In a large number of cases simple remedies have been prescribed, and I think that this feature of the work might with advantage be extended. The percentages of defects so noted works out at 19.12 per cent.; this compares well with a percentage of 37.59 last year. In 172 cases special directions have been given to the teachers as to conditions requiring breathing exercises, or, as in heart cases, where modification of physical drill was needed.

Table B.

SUMMARY, showing incidence of Defects found at different Age Groups in Boys and Girls separately.

Age Groups.	Total No. Examined.		Insuffi- cient Clothing & Foot Gear.		Defec- tive Nutri- tion.		Dirty	Vermin	Skin Disease.	Teeth	Tonsils & Adenoids.	Glands	External Eye	Vision	Have Glasses	Hearing & Ears.	Speech	Mental Defects	Heart	Lungs	Nervous System	Tuber- cular	Rickets	Deform- ity	Other Diseases	Age Groups.																			
Girls & Boys	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	Girls & Boys																		
age 3 and 4 Entrants	140	143					1	1	6	39	1	2	109	110	23	24	40	59	6	6	1	0	2	2	5	3	0	1	0	1	2	8	0	0	0	0	1	5	15	10	1	0	age 3 and 4 Entrants		
Percentage							.71	.70	4.28	27.27	.71	1.40	77.85	76.92	16.42	16.78	28.56	41.26	4.28	4.20	0.71		1.43	1.40	3.57	2.10	0.70		0.70	1.43	5.59			0.71	3.50	10.71	6.99	.71		Percentage					
Boys & Girls age 5 to 6	176	181	2	0	0	0	2	0	5	67	2	0	158	159	43	48	88	95	8	12	4	1	3	0	5	5	2	0	2	3	3	1	9	11	0	1	0	0	7	5	35	12	6	4	Boys & Girls age 5 to 6
Percentage			1.14				1.14		2.84	37.01	1.14		89.77	87.85	24.43	26.52	50.00	52.48	4.54	6.63	2.28	0.55	1.70		2.84	2.76	1.14		1.14	1.66	1.70	0.55	5.11	6.07	0.55		3.98	2.76	19.9	6.63	3.41	2.21	Percentage		
Boys & Girls age 7 to 8	180	173	1	0	0	0	2	0	12	32	5	4	169	166	50	69	110	113	2	3	119	114	1	4	4	6	3	2	2	1	4	1	7	3	1	2	0	0	2	3	30	12	2	7	Boys & Girls age 7 to 8
Percentage			0.56				1.11		6.67	18.50	2.78	2.31	93.89	95.95	27.78	39.91	61.11	65.32	1.11	1.73	66.11	65.90	0.56	2.31	2.22	3.45	1.67	1.16	1.11	0.58	2.22	0.58	3.89	1.73	0.56	1.16		1.11	1.73	16.67	6.93	1.11	4.05	Percentage	
Boys & Girls age 10 to 11	177	220	0	0	0	0	0	1	5	35	1	1	170	213	54	82	81	105	4	11	87	141	7	7	3	10	2	3	0	4	4	4	2	4	3	10	0	0	3	0	30	14	3	7	Boys & Girls age 10 to 11
Percentage							.46		2.83	15.91	0.56	0.46	96.10	96.20	30.50	37.30	45.80	47.75	2.26	0.50	49.20	64.10	3.96	3.18	1.69	4.60	1.13	1.36	1.82	2.26	1.82	1.13	1.82	1.69	4.60		1.69		16.9	6.37	1.69	3.18	Percentage		
Boys & Girls age 12 to 13	193	206					1	0	9	49	0	2	183	189	77	71	44	77	4	10	93	112	7	18	9	11	4	2	3	3	6	4	1	3	5	5	2	0	0	0	49	19	1	3	Boys & Girls age 12 to 13
Percentage							0.52		4.67	23.79		0.97	94.90	91.75	39.95	34.45	22.81	37.40	2.07	4.85	48.25	58.40	3.63	8.75	46.65	5.34	2.07	0.97	1.55	1.45	3.11	1.94	0.52	1.45	2.59	2.43	.02		25.4	9.23	0.52	1.45	Percentage		



Table A. General Review for Year ending December 31st, 1912.

BOYS AND GIRLS, ALL AGES.

Name of School.	Total No. Examined	Clothing & Foot Gear	Defective Nutrition	Dirty	Vermine	Skin Disease	Teeth	Tonsils & Adenoids	Glands	External Eye	Vision	Have Glasses	Hearing & Ears	Speech	Mental Defects	Heart	Lungs	Nervous System	Tuber- ular	Rickets	Deformity	Other Diseases	Notices of Defect
Todmorden C. E. ..	187	1		1	22	2	176	48	77	7	85	2	10	3		2	4	3		1	11	1	30
Cloughfoot	33				2		31	9	20	3	11	1	1	1		1		1			2	0	3
Cornholme	174				30	1	159	61	83	9	78	2	6	2	2	2	3	3		1	23	1	33
Cross Stone.....	165			1	32	2	155	48	78	5	68	2	6	2	2	2	8	4		3	42		35
Eastwood	108				16	1	98	39	41	4	40		5	3	1	4	3	1		1	11	3	23
Harley Wood	34				8	2	31	9	22	1	16			1	2		1	1		2	8	1	4
Lanebottom	56				19	1	47	16	22	1	16			1	2	2	3	1		2	3	1	16
Lumbutts	40				4	1	34	8	18	4	12			2	2	2	1	1		2	6	1	4
Robinwood	131	1		3	30	1	120	34	55	6	52		2	2	2	2	1	1		2	19	1	31
Roomfield Boys ..	186				18	2	177	68	77	2	97	2	5	2	1	2	2	6		2	25	1	42
Roomfield Girls ..	132				13	1	123	55	51	1	73	6	5	2	2	4	4	1		1	11	5	33
Roomfield Infants	144	1		1	15	1	126	32	68	7	9	1	5		2	1	3	1		1	9	1	17
St Joseph's R.C. ..	28				5	1	26	8	16		12		2		2	6	2	1		1	4	2	4
Shade	196			3	38	1	176	67	89	9	61		6	9	5	1	7	1		2	40	10	38
Vale	92			1	16	3	83	23	46	4	34		4	1	1	1	3	3	1	2	9	1	17
Walsden Council ..	136				12	1	119	34	70	6	35		4	2	4	1	5	3		2	19	2	19
Walsden C. E.	78				11	1	71	23	35	7	34		1		3	2	4	3		1	12	3	14
Grand Total	1920	3		10	291	22	1752	582	868	76	733	58	67	29	29	33	54	30	2	24	254	34	367
Percentage		0.15		0.52	15.16	1.14	91.25	30.31	45.24	3.96		3.02	3.49	1.51	1.51	1.72	2.81	1.56	0.1	1.25	13.23	1.77	19.12

PARENTS PRESENT AT MEDICAL INSPECTION.

Again I have to report a great falling-off in the attendance of parents, although as hitherto they have been invited to attend. Only 168 personal interviews with parents took place this year.

In 1909 there were 30 per cent. parents present.

In 1910 there were 17 per cent. parents present.

In 1911 there were 10.09 per cent. parents present.

In 1912 there were 8.75 per cent. parents present.

The method of selecting the children for inspection was the same as hitherto :—

1. All entrants.
2. All children 5 years of age.
3. All children 7 years of age.
4. All children 10 years of age.
5. All children 12 years of age.
6. All children leaving school during the year.
7. Any cases specially presented by teachers.

This is considerably in excess of the actual requirements of the Board of Education, and is worth bearing in mind because, as pointed out above, these facts are taken into account in the "assessment of Grant" which can be claimed "under the Medical Treatment Grant Regulations."

CLOTHING AND FOOTGEAR DEFICIENT.

This year only the very small percentage of .15 per cent. has been returned as showing deficiency in respect of clothing or footgear. We never had a large number under this heading, and this may be taken as an indication not only of the good social conditions existing in our Borough Area, and of the plentifulness of work, but also of the rarity of extreme poverty in our midst.

In 1909 there were 1.39 per cent. deficient.

In 1910 there were 0.9 per cent. deficient.

In 1911 there were 0.69 per cent. deficient.

In 1912 there were 0.15 per cent. deficient.

NUTRITION.

I have this year endeavoured to classify all children examined according to a standard of Nutrition, adopting as nearly as possible the classification suggested by the Board of Education.

Class I (Excellent)—Including all those whose general build, muscularity and nutrition, could be described as extra good or *excellent* all round showing no fault or flaw.

Class II (Good)—Including all those who while being well nourished, show some failure to reach the above high standard, and are still not so far from normal as to be placed in Class III.

Class III (Sub-normal)—Including all those who are distinctly below normal in that they are markedly undersized, deficient in weight, anaemic, or showing some signs of Mal-nutrition.

Class IV (Bad)—Including those who show all the signs of Mal-nutrition, marked degree of anaemia, and lack of flesh.

TABLE SHOWING CLASSIFICATION AS TO NUTRITION.

BOYS.

[The figures in smaller type are the percentages.]

Age Group.	No. examined	Class I Excellent	Class II Good	Class III Sub-normal	Class IV Bad
3 and 4 years	140	0	103	73	0
			73·57	26·43	
5 years	176	0	103	72	1
			58·52	40·91	·57
7 years	180	2	118	59	1
		1·11	65·56	32·78	·55
10 years	177	0	125	51	1
			70·63	28·81	·56
12 years	193	2	121	70	0
		1·04	62·69	36·27	
Other ages	66	1	39	25	1
		1·48	59·09	37·95	1·48
Boys all ages	932	5	609	314	4
		·53	65·4	33·65	·43

GIRLS.

Age Group.	No. examined	Class I Excellent	Class II Good	Class III Sub-normal	Class IV Bad
3 and 4 years	143	6 4 19	105 73 43	32 22 38	0
5 years	181	0	118 64 64	61 34 25	2 1 11
7 years	173	0	123 71 10	48 27 75	2 1 15
10 years	220	1 .45	161 73 19	58 26 36	0
12 years	206	8 3 88	142 68 93	54 26 22	2 .97
Other ages	65	1 1 54	41 63 08	23 35 38	0
Girls all ages	988	16 1 62	690 69 9	276 27 9	6 61
Total Boys and Girls 1920		21 1 09	1299 67 7	590 30 69	10 .52

CLEANLINESS OF BODY AND CLOTHING.

Out of the 1,920 boys and girls examined 10 or .52 per cent. were noted as having very dirty clothing, and being dirty, unwashed, as to their body. This is a slight increase on last year, when our percentage was 0.39, but our standard may have been a little heightened. I would here like to impress on the head teachers that they are responsible for the cleanliness not only of the children but also of the school premises, for the standard the teacher sets up is the key to the condition of things found existing in the school, and I would add, no teacher need fear to insist on exacting a high standard of cleanliness, he will be respected in proportion as he does so.

VERMINOUS HEADS.

The large falling off in the number of notices of defect that it has been found necessary to send out this year has arisen chiefly under this heading. The improvement has been more marked than the figures show, because *live vermin* are now much rarer than formerly. We shall continue to make a double appeal to pride on the one hand and shame on the other, sure of seeing a still further reduction of these figures.

COMPARISON OF VERMINOUS CONDITIONS WITH PREVIOUS YEARS.

	No examined Boys & Girls	No verminous Boys & Girls	Percent- age
1909	1937	624	32.21
1910	1890	523	27.67
1911	1764	346	19.62
1912	1920	291	15.16

TABLE SHOWING CONDITION OF HEADS WITH REGARD TO VERMIN.

BOYS.

Age Group	No examined	No verminous	Percent- age	1911
Entrants 3 and 4	140 ...	6 ...	4.28 ...	4.76
5	176 ...	5 ...	2.82 ...	4.05
7	180 ...	12 ...	6.67 ...	1.13
10	177 ...	4 ...	2.26 ...	4.81
12	193 ...	9 ...	4.66 ...	2.56
Other ages	66 ...	8		
Totals	932	44	4.70	3.61

GIRLS.

Entrants 3 and 4	143 ...	39 ...	27.27 ...	47.06
5	181 ...	67 ...	37.01 ...	35.54
7	173 ...	32 ...	18.5 ...	32.58
10	220 ...	35 ...	15.91 ...	33.52
12	206 ...	50 ...	24.27 ...	38.33
Other ages	65 ...	24		
Totals	988	247	25.00	36.28

The boys seem to have lost ground a little, especially in the group 7 years of age, but with the girls we are making fair progress, from nearly 50 per cent. in 1910 to 25 per cent. in 1912. This must be further reduced.

PEDICULI VESTIMENTORUM (BODY LICE.)

We have during the year had to deal with fourteen cases of Body lice, six of them belonging to two families having been discovered in one school, three from one household in another school, two from one household in another, one case in still another school, i.e., 12 cases all picked out at routine inspections; the other two cases were picked out at one

school during a special visit. The fourteen cases involved therefore five schools and six households. These cases have been in families of the nomadic type (of which we have had an incursion), not, I am pleased to state, in ordinary Todmorden residents. In all the cases the parents were called before the Committee, and cleansing not only of the children's bodies, but also of the houses where necessary was carried out under the direction of the Medical Officer of Health and the instruction of the School Medical Officer. The cases were also reported to the N.S.P.C.C. Re-exclusion was found necessary in two of the cases.

It is here that the want of a cleansing station is badly felt. We have no means of carrying out the requirements of the Children Act quoted above.

Certain of these cases where they find that a close lookout is kept upon them, move on to other districts, and a method of interchange of information on these topics which is found helpful is carried out between our own and other Education Authorities.

SKIN DISEASES AND PARASITIC CONDITION OF THE SKIN.

The condition which has given most trouble under this heading is of course Ringworm of the Scalp. I have during the year made 168 microscopic examinations of specimens of hair in cases of Ringworm, and have been able to declare 34 cases cured, and free from infection, that is, absolutely free from spores as shown by repeated microscopic examinations. Indeed, I have carried my inspections in many of these cases beyond the child's return to school.

My aim has all along been to stamp out Ringworm entirely by the only logical method, rigid exclusion till cured. But in this matter I am grieved to have to state that I have been over-ruled, and my strenuous objections notwithstanding, other methods adopted. Had we provided ourselves with an X Ray apparatus the loss of attendance could have been reduced to a minimum. Again, if the method of rigid exclusion had been persevered with, it would soon have resulted in better attendance. I believe that the problem of Ringworm in our schools will not be solved till its detection, control, and treatment are placed in the hands of one responsible individual, preferably the School Medical

Officer. Let me quote from the 1910 Report of the Chief Medical Officer of the Board of Education. Sir George Newman says, "It has become increasingly evident that effective control of the disease can seldom be expected unless the School Medical Officer is charged with the *duty of certifying each case as to fitness to return to school*. It may be added that ringworm is a disease the *curative treatment* of which is most likely to be successful if the Local Authority assume the responsibility for it, and direct all the operations."

We are not, I am sorry to say, travelling in this direction. We are, I repeat, retrograding.

Cases of Eczema, Impetigo, Alopecia, Seborrhœa, and Scabies are included in the 22 cases of skin disease discovered at routine inspections, but only a portion of our cases of Ringworm appear here, for numerous cases have been hunted out by special search, the teachers being asked to help in the detection of early cases.

In all, 44 new cases of Ringworm have been discovered during the twelve months, and as stated above, 34 cases were returned to school cured in the same period.

CASES OF SCABIES OR ITCH.

We have this year had four cases of this hateful parasitic disease, all four cases occurring in one school, three of them in one family. The odd case had sat next to one of the others. The cases were promptly excluded, placed under treatment, and re-admitted on cure, spread of the condition being thus prevented.

Table showing the Condition of Teeth.

The same classification as in previous years was used, viz :-

- (1) Normal—sound teeth, including cases having 1, 2 or 3 extracted ; remainder sound.
- (2) Three or fewer carious teeth.
- (3) Four or more carious teeth.

BOYS.

Age Group.	No. examined	(1) Normal	(2) 3 or fewer	(3) 4 or more	Total with decayed Teeth
Age 3 and 4	140	31 22 14	51 36.43	58 41.43	109 77.86
Age 5 to 6	176	18 10.23	44 25.0	114 64.77	158 89.77
Age 7 to 8	180	11 6.11	35 19.44	134 74.45	169 93.89
Age 10 to 11	177	7 3.95	51 28.81	119 67.24	170 96.05
Age 12 to 13	193	10 5.18	75 38.86	108 55.96	183 94.82

GIRLS.

Age 3 and 4	143	33 23.08	56 39.16	54 37.76	110 76.92
Age 5 to 6	181	22 12.15	43 23.75	116 64.1	159 87.85
Age 7 to 8	173	7 4.05	29 16.76	137 79.19	166 95.95
Age 10 to 11	220	7 3.18	81 36.82	132 60.00	213 96.82
Age 12 to 13	206	17 8.25	104 50.49	85 41.26	189 91.75

The above table does not include the "specials" examined, as their ages varied.

If we take the grand total of all children of both sexes examined during the twelve months, including specials, 1,920, we find that 1,752 or 91.25 per cent. of them had defective teeth, while only 168 or 8.75 could be returned as having normal teeth. The age group 10 to 11 comes out worse than the other ages, both for boys and girls, and a glance at the table shows that conditions become progressively worse up to that age.

The children's teeth are however being kept cleaner than formerly, the tooth brush being more generally in use. If we could get the parents to understand, and to *act* on the understanding, that the temporary or Milk teeth not only need *care and cleaning*, but also require work *as teeth*, to *keep* them healthy, our children's teeth would improve fast. The temporary teeth are worth taking care of, not only for their own sake, but for the sake of the permanent teeth which are following hard after them in the gums of the growing jaws.

Whilst speaking of the hygiene of the teeth I would say to parents :—

- I Remember that the chief cause of decay of the teeth is fermentation of fragments of soft, starchy food left about the teeth. *Therefore teach your children to brush and rinse their teeth after eating.*
- II Remember that as soon as your child has teeth to use, it should have something fairly hard to use them on, something to chew. Therefore cease to feed your child on soft, sloppy food, new bread and teacakes, which need no chewing, but give it something to use its teeth on ; bread crust, oat cake, stale bread. *Teach your child to chew.*

To Teachers.

I would say that as dental caries is the *fons ei origo* of many evils. in dealing with infants, you cannot begin too soon to teach them to take care of their teeth ; and you should do it by ocular demonstration. Let them see you do it yourself. Set up a form of tooth brush drill, and carry out the actions yourself before them.

ENLARGED TONSILS, ADENOIDS, MOUTH BREATHING.

It is becoming increasingly common for children to inform me at inspection, when examining the tonsils, that they “ have had them cut out.” Parents are now less difficult to persuade into having such curative measures as removal of tonsils and adenoids carried out, and the old objection to having anything done—“ he or she will grow out of it ”—is much less frequently trotted out.

I have pointed out to the teachers and to the parents how frequently these conditions are accompanied by flat form of chest and pigeon breast, and have insisted on the advantage of regular breathing exercises.

When a boy comes before me packed up with layer after layer of clothing, a cravat wisped round his neck, crossed over his chest, and twisted tightly round his braces, when I demonstrate to the mother that all this paraphernalia is restricting the movements of, and preventing the development of the chest, I am met by the reply “ But he keeps catching cold.” I look into his throat, find the enlarged tonsils, and probably adenoids, get a history of rheumatic pains and

perspiration, note that he is a mouth breather, that he is pigeon-chested, then I feel I want to tell the anxious mother that her child is being slowly smothered, asphyxiated, that what he wants is less clothing, more fresh air, and a free road through his nostrils. Breathing exercises, and again breathing exercises! I am pleased to say that the teachers are taking an increasing interest in these cases, and are carrying out regular special breathing exercises designed to improve them.

For the little ones handkerchief drill at school, again with ocular demonstration on the part of the teacher, is advisable to promote the free use of the upper air passages.

I have above asked parents to teach their children to keep their teeth clean; let me further ask them to teach them to keep their nostrils open by vigorous blowing of the nose with the handkerchief. Much more depends on this than may appear at first sight, and their children's success in life, even, may hinge on a seemingly trifling detail such as this.

ENLARGED TONSILS.

[NOTE.—The figures in smaller type are the percentages.]

Age Group.	BOYS.			GIRLS.		
	No examined.	Slightly.	Much.	No examined.	Slightly.	Much.
3-4	140	17	2	143	21	1
5-6	176	12·15	1·43	181	14·15	·7
		33	7		31	4
7-8	180	18·75	3·98	173	17·13	2·25
		47	3		62	5
10-11	177	26·5	1·66	220	35·82	2·89
		45	6		74	7
12-13	193	25·43	3·39	206	33·62	3·18
		59	5		62	9
Specials other ages	66	30·6	2·59	65	30·5	4·37
		20	3		23	1
Totals	932	30·35	4·55	988	35·4	1·58
		221	26		273	27
		22·71	2·79		27·63	2·73

ENLARGEMENT OF GLANDS.

In examining the submaxillary and cervical glands I find the former very rarely enlarged compared with the latter. Every case in which any of the cervical glands were

plainly palpable was noted, and 868 or 45.21 per cent. boys and girls showed varying degrees of enlargement of these glands, only one of these cases however, passing into the category of "Much enlarged." The benefit to be got from fresh air and cod liver oil has been invariably pointed out, and I have good reason to believe that the advice has been acted on in many instances. Reference to table B will show the following percentage incidence of glandular enlargement in the age groups examined.

Age Group.	Boys Percentages.	Girls Percentages.
3-4	28.56	41.26
5-6	50.0	52.48
7-8	61.11	65.32
10-11	45.8	47.75
12-13	22.81	37.4

EYE DISEASES.

The cases returned under this heading include five cases of Conjunctivitis, one of Ulcer of the Cornea, one of Stye, one of Ptosis (right), and one of blindness of right eye caused by ophthalmia neonatorum, the remainder of the 76 cases were suffering from Blepharitis, i.e., Inflammation of the eyelids.

I find, on enquiry, in many of these cases of inflammation of the eyelids, that the children are having tea three times a day, and this is accounted for by the fact that the mothers go to work in the mills, tea being found handiest, needing least preparation. A good plate of porridge or basin of soup would be far better and cheaper, and the result on general nutrition would be marked.

The following figures will show that here a progressive improvement is taking place.

1909.....	6.12 per cent.
1910.....	7.88 per cent.
1911.....	6.12 per cent.
1912.....	3.96 per cent.

EXAMINATION OF EYESIGHT.

Every child of six years or upwards presented for examination, and every child in the routine age groups 7, 10, and 12 years of age, and every child leaving school during the year has had its vision tested. The classification used has not been altered from previous years. Omitting specials, the following table shows the defects of vision found.

TABLE SHOWING ACUTENESS OF VISION IN AGE GROUPS
7, 10, AND 12.

(1) $V = \frac{6}{6} = \text{Normal.}$

(2) $V = \frac{6}{9} \text{ to } \frac{6}{12} = \text{Sub-normal (without squint or symptoms of eyestrain.)}$

(3) $V = \frac{6}{12} \text{ to } \frac{6}{60} = \text{Bad (including those from class 2 showing squint or eyestrain.)}$

[NOTE.—The figures given in smaller type are the percentages.]

BOYS.

Age Group.	No examined	(2) Sub-normal	(3) Bad.
7 to 8	180	100 55.5	19 10.5
10 to 11	177	64 36.2	23 13.0
12-13	193	49 25.4	44 22.8
Totals	550	213 38.73	86 15.63

GIRLS.

7 to 8	173	86 49.7	28 16.4
10-11	220	94 42.7	47 21.35
12-13	206	63 24.25	49 18.85
Totals	599	243 40.57	124 20.7

88 "Specials" were examined, of whom 41 were boys and 47 girls; these with the combined above routine groups, of 550 boys and 599 girls, give a grand total of 1,237 boys and girls who had their sight tested. Of this total 733 were found to be unable to read Snellin's test type $\frac{6}{6}$ with one or other eye, or with both eyes, at 6 metres. Cases where signs of eyestrain existed, or where vision only reached $\frac{6}{18}$ with one or both eyes, were referred for further examination, and spectacles advised or actually prescribed as required.

58 of the children coming up for routine examination were found to be already wearing spectacles.

HEARING AND EARS.

67 children have been found suffering from deafness of one or both ears, and the cases were nearly equally divided as to causation between mechanical obstruction, i.e., wax in the ears, and Otitis Media with discharge.

In " following-up " these cases I find that notwithstanding our strongly worded notices sent to parents, some of them are systematically neglected. Having the condition constantly with them seems to beget more or less complete indifference, or at least forgetfulness on the part of the parents, and here we have perhaps the best reason that could be adduced in support of the proposed appointment of a School Nurse. She could not only advise the parents how to proceed but could herself carry out the necessary treatment.

DEFECTS OF SPEECH.

Exactly the same number of cases showing defects of speech has been returned this year as last, viz :—29 in all. The percentage on the total examined working out at 1.51. None of these cases could be said to be severe or stubborn, and with judicious handling on the part of the teachers all should improve.

MENTAL DEFECTS.

	Boys.		Girls		Total.
Backward	10	.....	5	.....	15
Very backward	4	.....	1	.....	5
Mentally deficient	3	.....	1	.....	4
	—		—		—
Totals	17		7		24

Adding to the above table three cases (2 boys and 1 girl), returned as " dull " owing to removable cause, viz :—adenoids, one case (boy) of Epilepsy, and one case of deaf mutism (boy), we reach the total under this heading of 29 cases or 1.51 per cent. on total examined.

These cases have all been specially reported on, and one dealt with under special cover.

In some instances the backwardness was due, I should say, to the children having been moved about from place to place, never settling long enough anywhere to acquire an interest

in school work. I may also note here that the "late sevens" whom I find lagging behind in Infant department are almost always neglected children.

HEART CASES.

Every child that has been passed under review has been examined with the stethoscope as to the purity of the heart sounds, and 33, or 1.72 per cent., were found to have definite physical signs of some defect of the valves. The cases could be classed under three heads :—

- 1 Those showing no symptom or outward sign of any derangement of heart or circulation, being as lively as any other child of similar age.
- 2 Those showing slight cyanosis, breathlessness on exertion, or irregularity of heart beat, not under medical treatment.
- 3 Those already under medical treatment, i.e., recognised heart cases.

I have not thought it advisable always to send notice to parents in cases coming under class 1 ; but the teachers' attention has invariably been called to these cases, watchfulness enjoined, and modification of physical exercises advised. In class 2 parents have been notified and teachers warned as above. In class 3 the mother has usually accompanied the child, and an interview has taken place at which the teacher most immediately concerned was present as well as the head teacher.

NERVOUS SYSTEM.

The 30 cases comprise :—

	Boys.	Girls.
Headache	8	11
Nervous Temperament	1	2
Chorea	2	1
Infantile Paralysis	1	1
Fainting	0	2
Epileptic fits (alleged)	0	1

The headache cases were found to be due mostly to eye-strain, and were referred for retinoscopy. The cases of Chorea were slight, and were under medical treatment. The alleged Epileptic case has never had any fit in school, and we had only report to go upon, the child showing no mental deficiency.

FORM OF CHEST, RICKETS, etc.

24 children, of whom 15 were boys and 9 girls, showed signs of having had Rickets of sufficient severity to produce considerable departure from normal in the outline of the bones of upper and lower limbs. But a much larger number exhibited in the form of the chest some evidence of slight rickets, such as lateral grooves and knotting of the ribs.

PIGEON CHEST.

115 boys and 24 girls were found to have misshapen chests of the type known as Pigeon Breast, and I am rather at a loss to explain the great preponderance of boys over girls showing this deformity. Children are not born pigeon breasted, they are made so by some obstruction to breathing. I have above pointed out the effect of enlarged tonsils and adenoids in this respect, but I wish here to call the attention of parents to a form of mechanical obstruction to free movements of the chest which I hold to be no infrequent factor in the production of pigeon breast, and which perhaps helps to explain the sex incidence of the condition. I refer to the way boys are buttoned up into waistcoats too tight to allow proper play of the chest. Often enough I have found little fellows wearing not one, but two tight waistcoats above shirt and flannel, with a jersey overall, and the cramping effects further increased by the crossed cravat carefully twisted round the braces, all acting like a veritable clamp on the yielding bones, making free healthy respiration an impossibility. This is certainly carrying solicitude too far, and in these days of crusade against Tuberculosis it should be remembered that lung tissue which is not used is more readily attacked than that which is freely used. Ill ventilated lungs are worse than ill ventilated rooms. You cannot get away from the one but you can always get out of the other. Therefore let the clothes be easy fitting, and the chest movements free, then more certainly will your child be both healthy and warm. I would describe the breathing of the large majority of our children as too shallow, and the amount of expansion on inspirations unduly limited, and would lay great stress again on the general need for breathing exercises and physical drill plus abundance of fresh air, and, when it is to be had, sunshine.

DEFORMED PALATE.

A not infrequent accompaniment of deformity of the chest is faulty shape of the palate, and 67 boys and 33 girls were

found showing this defect. The palatal arch is high pitched, and narrow in vertical section, and similarly contracted in the horizontal plane, the teeth are crowded sometimes to the extent of being double ranked, and the expression of the face is peculiar. I consider the frequency of this condition a grave sign of degeneracy, and have previously stated that it is an evidence of an increasing neurotic tendency among our children.

TABLE SHOWING DEFORMITIES.

	Boys.	Girls.
Bow leg	5	0
Knock knee	2	1
Club foot	1	0
Cleft palate	1	2
Curvature of spine ...	0	3
Pigeon breast	115	24
Misshaped palate	67	33
	<hr/>	<hr/>
Totals	191	63—254

LUNGS.

Slight Bronchitis with cough, and Bronchial Catarrh of more chronic type have been responsible for 54 cases requiring to be recommended to obtain medical treatment. Many of them have been advised to take cod liver oil, or malt extract and cod liver oil.

Two cases were found to be suffering from Phthisis Pulmonalis, and these were being treated as such by the family doctor.

OTHER DISEASES.

Condition.	Boys.	Girls.
Boils	1	0
Anaemia	4	10
Catarrh of stomach ...	1	0
Hernia	1	0
Enlarged Thyroid ...	0	2
Enuresis	5	2
Alveolar Abscess	0	2
Vermes	2	1
Cicatrices in Neck	1	2
	<hr/>	<hr/>
Totals	15	19—34

INFECTIOUS DISEASES AND ACTION TAKEN TO PREVENT THEIR SPREAD.

In the early part of the year we had an epidemic of Measles, which indeed was a legacy from the back end of 1911, and this accounted for 460 cases, and contacts out of the total 674 cases and contacts with which we had to deal.

After consultation with the Medical Officer of Health, closure of the following schools and departments was ordered, Todmorden C. E. School, Infants Department, Shade Council School, Infants Department, Walsden Council School, Infants Department, and Walsden C. E. School Infants Department and Standard I, all in the first week after the Christmas holidays. When the schools opened for the New Year a vigorous effort was made to stem the epidemic, by exclusion of contacts and personal search by School Medical Officer and teachers for any showing initial symptoms. From the incidence of the cases I am convinced that infection took place to a large extent during the holidays. We can close day schools and exercise control as to re-admission, but we have no control over the places of amusement, picture shows, &c., or over social functions connected with churches and Sunday schools, to which I find children go irrespective of such restrictions as are laid down with regard to day school attendance.

The Medical Officer of Health has given valuable help and advice throughout the year in all matters connected with infectious conditions in the schools, and by conducting household visitations where necessary. In some instances through the courtesy of the Medical Officer of Health, I have personally followed up certain of the contagious cases, visiting the homes of the children by arrangement with him.

Our scheme for the co-ordination of the School Medical Service and the Public Health Department arranged jointly by the Medical Officer of Health and myself, and approved by the Board of Education, has been altered in a vital particular. The onus of certification for return to school after suffering from any infectious or contagious condition, or after contact therewith, (including ringworm), has been divided between the School Medical Officer and "any duly qualified medical practitioner."

The following table gives the years infectious and contagious cases and contacts :—

EXCLUSIONS FOR INFECTIOUS AND CONTAGIOUS DISEASE.

DISEASE.	FIRST QUARTER 1912		SECOND QUARTER 1912		THIRD QUARTER 1912		FOURTH QUARTER 1912		TOTALS FOR YEAR.	
	Cases	Contact.	Cases	Contact.	Cases	Contact.	Cases	Contact.	Cases	Contact.
Scarlet Fever	12	8	7	1	6	3	7	8	32	20
Diphtheria	1	0	1	4	1	0	1	1	4	5
Measles	281	98	46	11	9	2	7	6	343	117
Mumps	5	0	18	0	3	1	1	0	27	1
Chicken Pox	8	0	6	4	16	3	2	1	32	8
Impetigo	2	0	0	0	2	0	0	0	4	0
Ringworm	13	0	16	0	10	0	5	0	44	0
Typhoid Fever	2	1	0	0	1	0	0	0	3	1
Whooping Cough	4	0	0	0	0	0	0	1	4	1
Body Lice	0	0	5	0	1	0	8	0	14	0
Scabies	3	0	1	0	0	0	0	0	4	0
Sore Heads (2)	5	0	0	0	3	0	1	0	9	0
Erysipilas	1	0	0	0	0	0	0	0	1	0
	337	107	100	20	52	9	32	17	521	153
	444		120		61		49		674	

PROVISION OF MEALS.

We have this year had 28 children, 18 boys and 10 girls, whose ill-nourished underfed condition necessitated the provision of meals. 762 meals have been provided, at an average cost of 3d. per meal.

THE DIETARY.

1. Meat, Bread and Butter, Pudding, Cup of Coffee.
2. Meat, Vegetables, Pudding, Cup of Tea, Bread.
3. Soup, Potato Pie, or Beef Steak Pudding,
Pudding (Rice or Currant), Cake,

FOLLOWING-UP.

As the direct result of School Medical Inspection operative treatment has been carried out in the following cases and conditions :—

- Tonsils and Adenoids removed 8 cases.
- Enlarged Glands removed 1 case.
- Cleft Palate closed 1 case.
- Strabismus 1 case.
- Diseased Bone removed 1 case.
- Radical cure of Hernia 2 cases.
- Phymosis and Enuresis 2 cases.

Treatment of cases detected at routine inspection has been systematically passed on to the family doctor, and periodical enquiry made by the School Medical Officer, and the teachers as to what has been done. The effect of treatment has been noted under three headings, whether the cases have been “cured,” “improved,” or “unchanged.” If nothing has been done they are placed in the “not treated” category, and renewed pressure for treatment resorted to. If still no action is taken these cases are reported to the Committee, and where thought advisable, the parents or guardians are asked to explain their neglect to obtain treatment.

I have again to thank the teachers for their kindness in assisting in this interesting department of Medical Inspection. A few firm kindly words from a teacher who has the child's best interests at heart, and who knows its requirements intimately, are of the utmost value, and go a long way further than more official pressure could, in bringing about the desired treatment and consequent amelioration of any blight or blemish from which a child is suffering.

I am pleased to state that the Headteachers have one and all expressed their gratification at the evident improvement in the condition of cleanliness of the heads of the children, which has resulted from Medical Inspection and its "following up." They have all along been at one with me in my endeavours to stamp out ringworm by the most rigorous methods possible, and have been keen in the search for and "following up" of these cases. But I feel that the "following up" of Ringworm has now gone largely out of my hands owing to changes in the method of certification for re-admission.

The School Attendance Officer does the "following up" of Ringworm cases at the homes, and is careful to keep well on the track of those cases which are losing many attendances.

It would be useless for me to attempt to give figures this year as to length of time taken from discovery to cure, as the children are now re-introduced to school wearing washable caps if their parents elect to do this, and part of the year has been on one system and part on another.

I do not consider it necessary to give my detailed notes on the "following up" of cases for the different schools, nor for the various age groups examined, nor for the two sexes separately, but have prepared a summary for all ages and both sexes combined, which will show at a glance the nature of the work and the amount being accomplished.

SUMMARY OF NOTES ON CASES " FOLLOWED UP,"

DURING 1912.

BOYS AND GIRLS IN ALL AGE GROUPS.

(Including remainders from 1911.)

Treated.

Condition.	No. of cases	Treated.			Total treated	Not treated	Left School
		Cured	Improved	Unchanged			
Defective Vision	143	*29	*28	*5	62	70	11
External Eye Conditions (chiefly Blepharitis)	35	13	13	0	26	5	4
Deafness due to wax	26	11	11	1	23	0	3
Discharge from Ears with Deafness	17	1	11	4	16	0	1
Enlarged Tonsils	31	7	7	4	18	10	3
Adenoids and Mouth Breathing	14	4	2	2	8	4	2
Abscess	2	1	1	0	2	0	0
Skin Diseases—							
Seborrhœa	3	2	1	0	3	0	0
Impetigo	6	6	0	0	6	0	0
Eczema	7	4	2	1	7	0	0
Ringworm	76	34	42	0	76	0	0
New cases 44. Old from 1911, 32 uncured							
Alopecia	3	0	1	2	3	0	0
Scabies	4	4	0	0	4	0	0
Pediculi Vestimentorum							
Body Lice	14	12	0	0	12	0	2
Bronchial Catarrh ...	37	10	20	1	31	4	2
Defective Speech	7	0	7	0	7	0	0
Anaemia	14	2	11	1	14	0	0
Chorea	3	1	2	0	3	0	0
Enuresis	4	0	3	1	4	0	0
Enlarged Thyroid	2	0	1	1	2	0	0
Hernia	2	2	0	0	2	0	0
Heart Conditions	10	0	4	5	9	0	1
Bad Nutrition	10	0	10	0	10	0	0
Backward Mentally ...	15	0	7	6	13	0	2
Deformities.....	12	0	6	4	10	0	2
Clothing deficient or dirty	12	5	4	0	9	1	2
Footgear deficient	2	0	2	0	2	0	0
Totals.....	511	148	196	38	382	94	35

* Glasses obtained or provided.

Thus out of 511 cases "followed up" during the year, 382 cases have been brought under some form of remedial treatment, 148 cases having been cured and 196 cases improved. The leakage in untreated cases is much less than last year, but the bulk of the leakage is again in the eye cases, and is mainly accounted for by persistent delay owing to marked prejudice on the part of some parents against the use of Spectacles.

In the referred eye cases, the defects were found to be proportioned as follows:

Compound Myopic Astigmatism, 35 per cent.
 Compound Hypermetropic Astigmatism, 15 per cent.
 Simple Myopic Astigmatism, 5 per cent.
 Simple Hypermetropic Astigmatism, 5 per cent.
 Myopia, 25 per cent.
 Hypermetropia, 15 per cent.

PROVISION OF SPECTACLES.

Spectacles have been prescribed by the School Medical Officer after examination by retinoscope, in 20 cases, and the spectacles have been supplied by the Education Committee.

In 23 instances the spectacles found necessary after re-examination were procured either privately or through an institutional source in Manchester or Liverpool.

THANKS, etc.

My thanks are due to the Members of the Sub-Committee supervising the work of Medical Inspection for the amount of trust bestowed on me, and for the amount of help they have given me in my work.

I also wish to thank MR. JAMES WHITEHEAD, Clerk to the Education Committee, for his kindly assistance on all occasions on which it has been necessary to appeal to him.

DR. C. W. THORP again merits my warmest thanks for his hearty co-operation in the performance of our joint official duties.

I am,

Your obedient servant,

J. LAWSON RUSSELL.

